

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Office of Healthy Schools		CONTACT PERSON Shane McNeill	TELEPHONE NUMBER 601-359-1737	
ADDRESS 359 North West Street		CITY Jackson,	STATE MS	ZIP 39205
EMAIL psmcneill@mde.k12.ms.us	SUBMIT DATE 8/31/10	Name or number of rule(s): <u>Approval to revise State Board Policy 2006 – Eligibility, Management, and Monitoring (Child and Adult Care Food Care Programs)</u>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: State Board Policy Number 2006 was adopted in April, 1990. This policy identifies the requirements for participation for new Family Day Care Homes Sponsors and Family Day Care Home Providers. This requested recommendation will allow us to be in compliance with Federal Regulations.

Specific legal authority authorizing the promulgation of rule: MS Code 37-1-3

List all rules repealed, amended, or suspended by the proposed rule: State Board Policy 2006

## ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

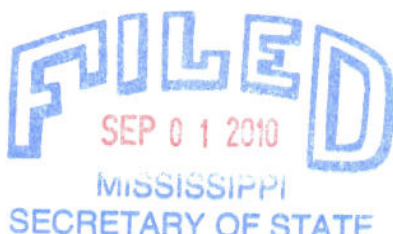
## ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> 30 days after filing – 11/21/10 _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Shane McNeill – Bureau Manager – Office of Healthy Schools

Signature of person authorized to file rules: Shane McNeill 8/31/10

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>17273 CB</u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.